

# New Hampshire Controlled Drug Loss Form

NH Pharmacy Rule Ph. 703.04(a) requires the Pharmacist-In-Charge to complete a New Hampshire Drug Loss Form for any theft or significant loss of controlled substances.

Complete the front and back of this form. Send a copy to the Board's Compliance Unit and retain a copy for your records.

<u>Name and Address of Registrant</u> (include Zip Code)		<u>Phone Number</u>	
<u>DEA Number</u>	<u>Date of Loss</u>	<u>Principal Business</u> ( <i>ie: Pharmacy, LRDD, Hospital, Clinic, MWD</i> )	
<u># of Losses in Past 2 Years</u>	<u>Type of Theft or Loss</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Night Break-In   <input type="checkbox"/> Armed Robbery   <input type="checkbox"/> Employee Pilferage </div> <div> <input type="checkbox"/> Customer Theft   <input type="checkbox"/> Other   <input type="checkbox"/> Lost In Transit </div> </div>		
<u>If Armed Robbery, was anyone:</u>  Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (how many? _____)  Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (how many? _____)		<u>Purchase Value of Substances Taken?</u>  \$ _____	
<u>If Lost In Transit, Complete the following:</u>			
<u>Name of Common Carrier</u>	<u>Name of Consignee</u>	<u>Consignee DEA Number</u>	
Was the carton received by the customer?  <input type="checkbox"/> No <input type="checkbox"/> Yes	Did the carton appear to be tampered with?  <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you experienced a loss with this carrier before?  <input type="checkbox"/> No <input type="checkbox"/> Yes (How many times? _____ )	
<u>What security measures have been taken to prevent future thefts or losses?</u>			

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<u>Trade Name</u>	<u>Name of Controlled Substance Involved</u>	<u>Dosage Strength/ Form</u>	<u>NDC</u>	<u>Quantity</u>
<b>SAMPLE:</b>				
<i>Robitussin AC</i>	<i>Codeine Phosphate</i>	<i>2mg/mL liquid</i>	<i>00121-0775--16</i>	<i>12 pints</i>
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*I certify that the foregoing information is correct to the best of my knowledge and belief.*

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Signature

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Title

\_\_\_\_\_  
Date